STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

Weekly Bulletin

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Vol. VI, No. 26 August 6, 1927 GUY P. JONES EDITOR

Old Board Dies: New Department Born.

The California State Board of Health died July 28, 1927, after an active career of more than fifty-seven years. In its stead there came, on the following day, a Department of Public Health of the State of California. Dr. Walter M. Dickie, Secretary and Executive Officer of the California State Board of Health since 1920, was appointed Director of the new department by Governor C. C. Young and immediately assumed the duties of the office. The establishment of the department is a part of the Governor's reorganization plan, which includes most activities of the state government. Under this plan the Director of the Department of Public Health becomes a member of the Governor's Cabinet which will meet regularly each month. It is announced that the Cabinet meetings will be held in open session at which newspaper men and the general public will be invited to attend. This will have the effect of strengthening the position of public health in the program of state government and is welcomed by all officials who are engaged in safeguarding the health of Californians. The change will make for efficiency in carrying on the administration of public health by eliminating overlapping projects and by coordinating the work of the various bureaus.

Governor Young has also appointed all of the members of the old California State Board of Health to the new State Board of Public Health under whose control is placed the new State Department of Public Health. They are Dr. George E. Ebright of San Francisco, Dr. Fred F. Gundrum of Sacramento, Dr. Robert A. Peers of Colfax, Dr. Edward F. Glaser of San Francisco, Dr. Adelaide Brown of San Francisco and Dr. A. J. Scott, Jr., Los Angeles. The California State Board of Health was organized in April, 1870, and was the second state board of health to be established, Massachusetts having organized such a board a bare six months before the California board was established. During the fifty years of its existence many of the most acute public health problems were faced and solved. The story of the board is not without tense drama and its history is now in course of preparation.

Details of organization are now being undertaken and will be announced within the next few weeks. Communications should now be addressed to the Director of the State Department of Public Health, Sacramento.

A man too busy to take care of his health is like a mechanic too busy to take care of his tools.—Cicero.

Coast Cities Maintain Lowest Infant Mortality.

The statistical report of infant mortality for 1926 in 675 cities of the United States, issued by the American Child Health Association, again shows that Pacific coast cities have the lowest infant mortality rates. Among the largest cities of the United States, those having populations of more than 250,000, the lowest rate reported is that of Portland, Oregon, 39. The next lowest rates are those for Seattle, 47, and San Francisco, 50. These three cities also had the lowest rates in 1925.

In the group of cities with populations of from 50,000 to 100,000, Berkeley is lowest with a rate of 37. Union City, New Jersey, had a rate of 43 and two California cities, San Diego and Long Beach, each had rates of 46.

Among cities with population of from 25,000 to 50,000, Oak Park, Illinois, Pasadena, California, and Everett, Massachusetts, had rates of 35, 36 and 39, respectively.

The state of Oregon had the lowest urban infant mortality rate for 1926, 39. The cities of Washington stood next with a rate of 54 and urban California was third with a rate of 56.

The report states "It is also of interest to point out the very definite geographical alignment of infant mortality rates during this five-year period (1922 to 1926). The lowest urban rates considered as a group are on the Pacific coast. The urban rates for Oregon, Washington and California have been among the five lowest in every year with the single exception that in 1925, California was in seventh position. No state east of Minnesota has had an urban rate among the first five during this period."

The following questions put forth in this report should be of special interest to all workers in child hygiene: "Why are the cities of Oregon lower than the cities of California? Why are the Pacific coast cities lower than the Montana cities? Why is urban Minnesota so much lower than neighboring groups? Why do the cities of Wisconsin, Illinois, Indiana and Ohio have lower rates than the Michigan cities? Why are the cities of New York, New Jersey and Ohio lower than the cities of Pennsylvania? Why are the urban rates of Massachusetts and Connecticut so much lower than those of Maine and New Hampshire?"

Health Officers To Meet In Sacramento.

The Nineteenth Annual Conference of California Health Officers will be held, as usual, in conjunction with the Annual Convention of the League of California Municipalities. These meetings will be held in Sacramento during the week beginning September 19, 1927. Every health officer in California is expected to attend. The program committee has started its work and within a short time the complete program will be published. The fact that the conference will be held at the seat of the state government will be productive of beneficial results. Sacramento is well provided with facilities for a meeting of this sort and will take advantage of every opportunity to supply entertainment and resources for a successful convention. The local committees and the Sacramento Chamber of Commerce have been laboring hard to make the convention a success and health officers will be certain to find every attribute that will make for their comfort and pleasure.

It is expected that a speaker of national repute will be present at the conference and will address not only the health officers but also the general sessions of the league. It is planned to hold many of the health officers' meetings with the general meetings and to have a program that will prove of general interest to all sections.

To send an uneducated child into the world is little better than turning out a mad dog or a wild beast into the street.—Paley.

Health Officers Are Appointed.

Mr. Homer T. Riddle has been appointed City Health Officer of Loyalton to succeed Mr. J. S. Taylor.

Mr. L. W. Robinson has been appointed City Health Officer of Oceanside to succeed Dr. Glenn T. Logsdon.

To wither in a penury of life when its power should be most mature and ample, to be robbed of harvest's gracious plenitude, is the doom of those who during the spring and summer of life have mortgaged that greatest personal asset, health.

Health dividends, the return from investment in sane living and timely cure of minor ailments, will be precious treasure when one garners the harvest of the autumn years.

Typhoid Is An Unnecessary Menace.

Surgeon General Cumming of the United States Public Health Service says: "The great measure for the prevention of typhoid fever is sanitation or cleanliness. Clean or purified water supplies, sanitary sewage disposal systems, clean and **pasteurized** milk supplies, clean vegetable and shellfish supplies, control of fly-breeding, hygienic precautions at the bedside of the sick, and antityphoid vaccination, have been and are the factors to reduce typhoid fever prevalence.

"It is readily within the power of our average community to bring down and keep down its typhoid fever rate to, or nearly to, the vanishing point. Any community with an annual typhoid death rate of 5, or over, is now behind the procession and should be encouraged, urged, and, if necessary, helped or made to do better.

Sanitary measures for the prevention of typhoid fever and other filth-borne diseases are thoroughly economical. Their cost is much less than is the penalty for their neglect. Short duration, intensive campaigns of sanitation or of vaccination may do considerable good, but their results are largely temporary and, consequently, they are no longer to be advocated as in line with good business procedure. Public health work should be permanent and should be conducted with efficiency and economy.

For the prevention of typhoid fever and other preventable diseases and for the promotion of general health to a reasonably satisfactory degree, wholetime, efficient, local health departments under the direction of well qualified wholetime local health officers are essential. Our large cities generally have made good progress in the development of efficient local health service, but most of our rural communities are in this respect as yet woefully lacking.

For efficient local health administration in our sparsely settled rural districts and our small cities, towns and villages, the county seems the logical unit. If a wholetime, efficient county health department were provided for every county wholly or largely rural in the United States and if our large city health departments were continued on their present basis of efficiency, typhoid fever could be attacked successfully in its lines of entrenchment in this country, and soon thereafter a chapter in history could be written on "The Conquest of Typhoid Fever in the United States."

While the most effective method of preventing the spread of typhoid fever consists in breaking the links which form the chains of infection between the sick individual and the well, through community-wide effort, on a broad scale, every well-rounded program for the control of the disease should provide for proper attention to the case and the carrier.

The physician should report all cases promptly to the Health Department and should initiate and apply at the bedside necessary precautions for prevention of the spread of the infection until the Health Department takes charge. Special care should be taken to prevent infection through contact and through the contamination of foods in the home. When the case has terminated, before the patient is released, proper bacteriological examinations should be made to make certain that he is not a carrier.

Much has been said and written in the past few years concerning the control of the carrier, but we appear as yet to have found no entirely satisfactory solution of the carrier problem. Something can be accomplished, however, through the routine examination of food handlers, as a result of which carriers who are found in dairies and other food handling establishments may, at least, be placed in other occupations where the chance for spreading the disease is not so great."

MORBIDITY.*

Diphtheria.

73 cases of diphtheria have been reported, as follows: Alameda County 1, Oakland 4, Butte County 1, Richmond 1, Los Angeles County 6, Arcadia 1, El Monte 1, Hermosa Beach 1, Long Beach 2, Los Angeles 26, San Fernando 2, South Pasadena 1, Torrance 1, Lynwood 1, Merced County 2, King City 1, San Bernardino County 3, San Bernardino 2, San Francisco 8, San Joaquin County 1, San Mateo 1, Gilroy 1, San Jose 2, Santa Cruz County 1, Stanislaus County 1, Tulare County 1.

Measles.

77 cases of measles have been reported, as follows: Berkeley 2, Oakland 3, Butte County 1, Lemoore 1, Los Angeles County 8, Los Angeles 6, Pasadena 2, West Covina 1, Orange County 1, Santa Ana 1, Placer County 1, Riverside 4, Sacramento 2, Ontario 2, San Diego County 17, Chula Vista 2, San Diego 8, San Francisco 7, Stockton 1, Burlingame 1, Santa Barbara County 2, Lompoc 2, Santa Clara County 1, Gilroy 1.

*From reports received on August 1st and 2d, for week ending July 30th.

Scarlet Fever.

53 cases of scarlet fever have been reported, as follows: Alameda 1, Albany 1, Berkeley 1, Oakland 4, Pinole 1, Eureka 1, Alhambra 1, El Segundo 2, Long Beach 2, Pomona 1, Hawthorne 2, Orange County 1, Plumas County 1, Sacramento 1, Ontario 1, San Bernardino 1, San Diego 1, San Francisco 9, San Joaquin County 3, Stockton 1, San Mateo County 2, Santa Clara County 2, San Jose 2, Santa Cruz County 1, Stanislaus County 1, Los Angeles 6, Monrovia 1, Pasadena 2.

Smallpox.

6 cases of smallpox have been reported, as follows: Oakland 4, Sacramento County 1, Stanislaus County 1.

Typhoid Fever.

19 cases of typhoid fever have been reported, as follows: Los Angeles County 3, Long Beach 1, Los Angeles 3, Montebello 1, Alturas 1, Roseville 1, Beaumont 1, Sacramento County 1, San Francisco 2, San Joaquin County 2, Santa Barbara County 1, San Jose 1, Red Bluff 1.

Whooping Cough.

128 cases of whooping cough have been reported, as follows: Alameda 5, Berkeley 14, Oakland 5, Contra Costa County 1, Los Angeles County 5, Glendale 2, Long Beach 2, Los Angeles 9, Pasadena 1, San Fernando 2, Orange County 13, Santa Ana 3, San Bernardino 1, San Diego County 6, Chula Vista 1, National City 4, San Diego 27, San Francisco 6, San Joaquin County 1, Stockton 10, Burlingame 1, Santa Barbara County 3, Santa Clara County 1, San Jose 2, Newman 3.

Poliomyelitis.

59 cases of poliomyelitis have been reported, as follows: Alameda County 1, Alameda 1, Berkeley 1, Oakland 9, Kern County 3, Alhambra 1, Long Beach 1, Los Angeles 5, Santa Monica 1, Maywood 1, San Anselmo 1, Pacific Grove 1, Salinas 4, Calistoga 1, Orange County 1, Sacramento County 2, Sacramento 2, North Sacramento 1, San Bernardino County 1, San Diego 3, San Francisco 3, Stockton 1, Santa Clara County 1, Santa Cruz County 2, Sonoma County 5, Healdsburg 1, Stanislaus County 2, Red Bluff 2, Tulare County 1.

Meningitis (Epidemic).

5 cases of epidemic meningitis have been reported, as follows: Huntington Park 1, Los Angeles 1, Monterey Park 1, Sacramento 1, San Jose 1.

Leprosy.

Two cases of leprosy have been reported, as follows: Stockton 1, Oakland 1.

Food Poisoning.

Three cases of food poisoning have been reported, as follows: Alhambra 2, Benicia 1.

Encephalitis (Epidemic).

San Francisco reported one case of epidemic encephalitis.

COMMUNICABLE DISEASE REPORTS.

Disease	1927				1926			
	Week ending			Reports for week ending July 30 received by Aug. 2	Week ending			Reports for week ending July 31 received by Aug. 3
	July 9	July 16	July 23		July 10	July 17	July 24	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Chickenpox	88	116	75	82	100	73	43	45
Diphtheria	71	80	57	73	103	94	106	90
Dysentery (Bacillary)	2	4	1	3	2	3	4	0
Encephalitis (Epidemic)	2	0	1	1	1	2	2	1
Food Poisoning	0	1	75	3	0	0	0	0
Gonococcus Infection	119	94	83	74	94	114	91	92
Influenza	9	12	6	3	3	4	5	1
Jaundice (Epidemic)	0	0	0	0	0	0	0	0
Leprosy	0	0	2	2	1	1	0	0
Malaria	1	1	2	2	3	1	2	0
Measles	217	133	124	77	270	236	156	151
Meningitis (Epidemic)	8	3	3	5	7	5	2	0
Mumps	37	39	47	22	81	70	51	46
Paratyphoid Fever	1	0	0	0	1	1	0	1
Pneumonia (Lobar)	33	24	32	37	14	22	25	26
Plague	0	1	0	0	0	0	0	0
Poliomyelitis	32	50	68	59	4	2	6	4
Rabies (Animal)	2	5	1	6	11	5	6	7
Rabies (Human)	0	0	0	0	0	0	0	1
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	59	59	70	53	73	72	63	58
Smallpox	11	19	6	6	17	21	10	15
Syphilis	122	128	87	73	145	107	100	75
Tetanus	1	2	2	1	0	2	1	1
Trachoma	3	1	1	0	0	2	0	1
Trichinosis	0	0	0	0	1	0	0	0
Tuberculosis	208	184	181	193	148	178	144	199
Typhoid Fever	14	24	16	19	24	31	19	19
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	169	149	143	128	62	65	49	75
Totals	1209	1129	1083	922	1165	1111	885	908

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